## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Yanan Zhang et al.

Title:

SYSTEM AND METHOD FOR

SENSOR RECALIBRATION

Appl. No.:

10/751,327

Filing Date:

12/30/2003

Examiner:

Karen E. TOTH

Art Unit:

3735

Confirmation 7596

Number:

## AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

|             |                |             | .1 1         |               | 1.            |
|-------------|----------------|-------------|--------------|---------------|---------------|
| Transmitted | herewith is an | amandment i | n tha ahi    | NVe1dentitied | l annlication |
| a ransmined | nerewiin is an | annenunch   | 11 1115 4110 | JVC*10CHU11CU | i ammuauum.   |

| [ | ] | Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous |
|---|---|-----------------------------------------------------------------------------------------|
|   |   | assertion of Small Entity status.                                                       |
| Γ | 1 | Assertion of Small Entity status is enclosed.                                           |

[X] The fee required for additional claims is calculated below:

\$0.00

\$0.00 \$0.00

|                                                                                   | Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                      | Extra                                    |       |                                                                |                  |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------|-------|----------------------------------------------------------------|------------------|--------------------------------------------------------------------|
|                                                                                   | As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Previously                                                                           | 1                                                    | Claims                                   |       |                                                                |                  | Additional                                                         |
|                                                                                   | Amended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paid For                                                                             |                                                      | Present                                  |       | Rate                                                           |                  | Claims Fee                                                         |
| Total Claims:                                                                     | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - 43                                                                                 |                                                      | 0                                        | х     | \$50.00                                                        |                  | \$0.0                                                              |
| Independent<br>Claims:                                                            | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - 4                                                                                  | ==                                                   | 0                                        | x     | \$210.00                                                       | -                | \$0.0                                                              |
| First <sub>J</sub>                                                                | presentation of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of any Multiple                                                                      | Depende                                              | ent Claims:                              | +     | \$370.00                                                       | == .             | \$0.0                                                              |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                      | CLAIMS                                   | FE    | E TOTAL                                                        | =                | \$0.0                                                              |
| ] Applicant                                                                       | hereby petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ons for an exter                                                                     | nsion of t                                           | ime under 3                              | 57 C. | F.R. §1.13                                                     | 6(a)             | for the                                                            |
| , ,,                                                                              | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ons for an extent                                                                    |                                                      | ime under 3                              | 37 C. | F.R. §1.13                                                     | 6(a)             | for the                                                            |
| total numb                                                                        | per of months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      | v:                                                   |                                          | 7 C.  | F.R. §1.13                                                     |                  |                                                                    |
| total numb                                                                        | per of months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | checked below                                                                        | v:<br>first mor                                      | nth:                                     | 7 C.  |                                                                | )                | \$0.00                                                             |
| total numb  [ ] Extension [ ] Extension                                           | for response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | checked below                                                                        | v: first more second n                               | nth:<br>nonth:                           | 97 C. | \$120.00                                                       | )                | \$0.00                                                             |
| total numb  [ ] Extension [ ] Extension [ ] Extension                             | for response for response for response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s checked below<br>filed within the<br>filed within the                              | first more second note third mo                      | nth:<br>nonth:<br>onth:                  | 37 C. | \$120.00<br>\$460.00                                           | )<br>)           | \$0.00<br>\$0.00<br>\$0.00                                         |
| total numb  [ ] Extension [ ] Extension [ ] Extension [ ] Extension               | for response for r | filed within the filed within the filed within the                                   | first more second me third more fourth me            | nth:<br>nonth:<br>onth:<br>nonth:        | 37 C. | \$120.00<br>\$460.00<br>\$1,050.00                             | )<br>)<br>)      | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00                               |
| total numb  [ ] Extension [ ] Extension [ ] Extension [ ] Extension               | for response for r | filed within the | first more second me third more fourth me            | nth:<br>nonth:<br>onth:<br>nonth:        |       | \$120.00<br>\$460.00<br>\$1,050.00<br>\$1,640.00<br>\$2,230.00 | )<br>)<br>)<br>) | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00                     |
| total numb  [ ] Extension | for response for r | filed within the | first more second me third more fourth me fifth more | nth: nonth: onth: conth: nonth: XTENSION |       | \$120.00<br>\$460.00<br>\$1,050.00<br>\$1,640.00<br>\$2,230.00 | )<br>)<br>)<br>) | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00 |

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Small Entity Fees Apply (subtract ½ of above):

Extension Fees Previously Paid:

TOTAL FEE:

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Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Ву

Date 2-14-08

FOLEY & LARDNER LLP Customer Number: 23392 Telephone: (213) 972-4594

Facsimile: (213

(213) 486-0065

Ted R. Rittmaster

Respectfully submitted,

Attorney for Applicant Registration No. 32,933